

**ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
DIVISION OF DEVELOPMENTAL DISABILITIES**

**CERTIFICATE OF RECEIPT  
NOTICE OF PRIVACY PRACTICES**

Name of individual and responsible person/guardian, if applicable:

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Print Individual's Name

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Print Responsible Person's Name (guardian)

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Relationship

I acknowledge that I have received the Notice of Privacy Practices from the Division of Developmental Disabilities.

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Signature of Individual (if able)

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Date

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Signature of Responsible Person (guardian)

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Date

Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting 602-542-6825.